

Patient Information Leaflet

About the Colposcopy examination

Produced By:
The Department of Obstetrics and Gynaecology

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What is a colposcopy?

Colposcopy is a detailed examination of the neck of the womb (cervix). You have been referred to the colposcopy clinic because results of your recent cervical cytology test (also known as a 'smear') have shown some abnormal cells or was inadequate in some way. This **does not** mean that you have cancer.

Cervical cytology testing (smears)

Taking some cells from the skin of the cervix is called 'cervical cytology'. It is possible to check these cells microscopically and detect any abnormal or pre-cancerous changes many years before they can cause any serious problems.

We do know that some of these cell changes can return to normal without treatment. We also know that some cell changes, if untreated over a period of years, may develop into a cancer. Detecting these cell changes early enables preventative treatment to be given.

Abnormal cervical cytology (smear) results are very common. About one in twelve women will have an abnormal test. Cervical cancer is quite unusual and will affect only one in 10,000 women in the UK each year.

Causes of an abnormal result

Abnormal smears are caused by a specific virus called the Human Papilloma Virus (HPV). This virus is spread through sexual contact. It is a very common infection and most women get it at some time in their life. In most cases it clears up by itself without the need for treatment. But in some women the virus persists, placing them at greater risk of developing cervical abnormalities which may need treatment.

If a woman's screening result shows mild or borderline changes, an HPV test will be carried out on her sample. This test is done using the original sample so there is no need to have another examination. The HPV test is important because the presence or absence of HPV indicates which women might need treatment. Women with mild or borderline changes are only referred for a colposcopy examination if the HPV test is positive. If the test is negative, colposcopy is not required and women should continue with routine cervical sampling (smears)

About the colposcopy procedure

Colposcopy is usually an outpatient procedure and is carried out in the Obstetric and Gynaecology department. An appointment usually takes about 20 minutes.

The colposcope may look a little alarming but it is just a large magnifying glass with a light source attached. It is used to magnify the view of the cervix and surrounding area where the neck of the womb meets the top end of the vagina. It does not touch you or go inside you. Sometimes the colposcope may be used to examine the vagina or vulva (The folds of skin outside the vagina).

Before the procedure, you will be asked some simple background questions that relate to your periods and the type of contraception you use now and have used in the past. You will also be asked if you have any children or have had any operations, treatment or illnesses. You may be asked more, depending upon your answers.

The doctor will explain why you need a colposcopy and **may suggest treating any abnormality seen during this visit** (i.e. without needing another appointment). This depends on your wishes, the type of abnormality and your age. We always try to avoid unnecessary treatment.

You will need to undress from the waist down, although a full skirt need not be removed. It is suggested that you may find a loose fitting skirt or long top and trousers convenient to wear. The nurse will stay with you throughout the procedure and help you as much as you need. She will help you get into position on a special couch, which has supports on which to rest your legs. The examination is similar to having a cervical cytology test (smear) and should be no more uncomfortable. However if you have found these tests painful in the past, please discuss this with the doctor before the procedure starts.

There is a small TV screen next to you and you are able to watch the view from the colposcope throughout, if you wish. Watching may help you understand the procedure better and see what the doctor is doing, but if you would prefer not to watch, you will be kept informed on what is happening at every stage. It is possible that photographs of your cervix may be taken during the procedure and stored in your notes.

A speculum (expander) is inserted into the vagina in the same way as when the cytology test (smear) is taken. This allows the colposcope a clearer view of the cervix and so a more accurate diagnosis of your particular problem can be made. It may be necessary to take a repeat test at this stage, depending upon the reason for referral.

A solution will be applied to the cervix, allowing the doctor to detect any abnormal areas. If everything appears normal, a follow-up cytology test will be arranged either in the clinic or at your GP Surgery.

If there is any abnormality, a very small tissue sample (biopsy) may be taken and sent to the laboratory for examination and confirmation of the diagnosis. Sometimes, an obvious abnormality is discovered and, if treatment is considered appropriate by the doctor, they will discuss this with you and can often proceed to treat the abnormality under local anaesthetic without the need for you to attend a second time.

It is possible you may have some spot bleeding after the examination. Sanitary pads are provided but you may wish to bring your own.

What happens after the examination?

After you have dressed, the doctor will discuss with you what the examination showed and what treatment, if any, is needed. However, if you have had a biopsy, the results and a definite diagnosis cannot be given immediately. You will be sent a letter with your results, along with recommendations for further management, within 4-8 weeks of your clinic appointment.

What will the biopsy tell the doctor?

The results of the biopsy will show the degree of abnormality, indicate if any further treatment is required and suggest what further treatment may be needed. The medical term for cell changes confirmed by biopsy is Cervical Intra-Epithelial Neoplasia, more commonly known as CIN.

In order to make distinctions between the various states of change, doctors have developed a scale from 1-3 according to how many cells are affected:

CIN 1 means that only a third of the cells in the affected area are abnormal. These can be left to return to normal or may be treated depending upon the doctor's judgement.

CIN 2 means that up to two thirds of the cells in the affected area are abnormal. Treatment is usually needed to return the cells to normal.

CIN 3 means that all the cells in the affected area are abnormal and treatment will be needed to

return the cells to normal.

Very rarely, a biopsy will show cell changes that have already developed into cancer. Surgery and more extensive treatments are generally used to treat cervical cancer.

Treatment

If the colposcopy shows up abnormal cells, it is common for the doctor to carry out treatment at the same appointment if you are happy for them to do so. In other cases it is necessary to wait for the biopsy results before deciding on appropriate treatment.

Types of treatment vary, but all aim to destroy or to remove the abnormal cells. Although the treatment may sound unpleasant, you shouldn't experience anything worse than a period-type pain while it is carried out. You will be able to go home straight afterwards.

- **Loop excision (LLETZ):** This is the most common method used. Local anaesthetic is used to numb the cervix to ensure that minimal discomfort is felt during the treatment. The doctor then removes the abnormal area using a hot wire called a 'diathermy loop'. You may notice a burning smell but will not be able to feel any burning sensation. The tissue removed is then sent to the laboratory for further analysis. Very occasionally this can be better performed under general anaesthetic and this will be discussed with you if it is applicable under your circumstances.
- **Cold coagulation:** A source of heat is applied to the cervix to burn away the abnormal cells. Local anaesthetic is not required.
- **Cone biopsy:** This is usually an inpatient procedure performed under general anaesthetic. It applies to cases where the whole extent of the abnormal area was not able to be seen easily at colposcopy. Most patients are discharged home on the same day as the procedure.
- **Hysterectomy:** This is rarely necessary but if there are other gynaecological problems, a hysterectomy may be the best solution. This is hardly ever required as a treatment for the abnormality of the cervix on its own.

What should I do after treatment?

If you received treatment at the same appointment as your colposcopy examination or if you came back to the colposcopy clinic for treatment, it is likely that any discharge will continue for up to 4 weeks. During this time, and when you have your period, you will need to use sanitary towels rather than tampons. It is also best to avoid heavy exercise and not to have sexual intercourse. These measures allow the cervix to heal as quickly as possible.

Is my fertility impaired after treatment for abnormal cells?

Your doctor knows the importance of the cervix in supporting future pregnancies and will try to remove as little tissue as possible while making sure the treatment is successful. A single treatment is unlikely to alter your fertility but if you have needed treatment more than once, you may be more likely to miscarry or have an early labour in a future pregnancy.

What if I have a period at the time of the colposcopy?

You can still have a colposcopy if you are having a period, so please attend your appointment unless you are bleeding very heavily. (In which case, please phone us to let us know and arrange another time).

How long will I wait for an appointment?

Appointments are prioritised according to the degree of abnormality of the test results. We aim to see all patients within 8 weeks of their referral but don't worry if it is much sooner than that, we may just have had space available earlier.

What happens if I no longer have periods?

Sometimes women who are past the menopause and are not on HRT can suffer with vaginal dryness. This can make the initial colposcopy assessment difficult to undertake. If you think this may apply to you, we suggest that you see your GP and get a prescription for some oestrogen (hormone) cream to use for for 2 weeks leading up to your appointment. This will make the examination more comfortable for you and more accurate for the laboratory.

May I have sexual intercourse in the week before the colposcopy?

Yes. However, if you have a coil fitted, please use additional methods of contraception (eg condoms), or abstain from intercourse for 7-10 days before your appointment. If treatment is required it may be necessary to remove the coil and therefore there would be a slight chance of a pregnancy occurring. The alternative would be to delay any necessary treatment.

What happens if I am pregnant?

Colposcopy can be undertaken quite safely during pregnancy but any other investigations or treatments are usually postponed until after the baby is born. If you are pregnant or suspect that you are, please telephone the clinic on 534327 as soon as possible so that we can plan your care accordingly.

In the future

It is important that you continue to have cervical cytology tests (smears) on a regular basis. Your doctor will usually recommend that you have a test at your GP surgery about six months after treatment. In the majority of cases this test will show a return to normal results.

Any other questions?

If you have any other questions or queries about this procedure and what it could mean for you, our colposcopy nurse specialists are happy to talk to you.

**Monday to Friday
9 a.m. to 4 p.m.
on
01983 552175**

Please ask to speak to a Colposcopy Nurse Specialist

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call Island Health Line on 0845 6031007

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Patient Advice and Liaison Service. If you wish to contact them directly, telephone on 524081, extension 4850. Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Primary Care Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.
If you would like help and advice to stop smoking please call:
01983 814280 or 07919 598549

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